ELIGIBILITY A-Z Fair Hearing

K. SPECIAL PROCEDURES

CLARIFYING INFORMATION

There are some hearings that are scheduled on the CSO docket but involve decisions made by other agencies and/or administrations. These hearings include:

Non Grant Medical Assistance decisions made by Division of Disability Determination Services (DDDS).

Medical Assistance decisions regarding:

- a. Medical equipment and services, or
- b. Managed care eligibility or services, or
- c. Restricted use of medical care, or
- d. Coordination of Benefits (TPL) issues

In some cases, someone may represent the department from the agency or office that made the decision.

In some cases, the FHC will act as the department representative, and the other office or agency will provide a witness to testify regarding the decision.

FHC RESPONSIBILITIES

There are several offices within the Medical Assistance Administration (MAA) that make decisions which are subject to fair hearings. It is important to contact the appropriate office as soon as a notice of hearing is received to coordinate representation.

- 1. Medical Assistance Hearings:
 - a. For hearings involving medical services or medical equipment, contact the MAA Appeals Manager, MS 45503, 360-664-2304.

The MAA Appeals Manager may act as the department representative for these cases. The appeals manager coordinates testimony of medical ELIGIBILITY A-Z Fair Hearing

consultants, including obtaining additional medical information, and arranging medical examinations, if necessary.

The MAA Appeals Manager will coordinate review and implementation of hearing decisions as required by MAA.

The FHC acts as liaison between MAA and the appellant and their representative if required.

- b. <u>For insurance issues</u>, contact the Coordination of Benefits Section (TPL), Division of Client Services, MS 45561 phone: 360-753-3300
- c. <u>For eligibility and policy issues</u>, when clarification is required, contact the regional program manager in the Program Assistance Services Section, Division of Program Support, MS 45530, 360-753-7313.
- d. <u>For managed care issues or Medicaid restricted use issues</u>, contact the Exception Case Management, Division of Client Support, MS 45535 360-586-2039 or 360-586-2614.
- 2. Non Grant Medical Assistance (NGMA) Hearings:

The FHC acts as the department representative, and a DDDS employee provides testimony to support the decision. As soon as the hearing request is received:

- a. Initiate reconsideration of the original decision by completing a DSHS 14-144, Transmittal Summary, and check the box for Fair Hearing Review. The reconsideration is a required step in the DDDS process prior to hearing. Request continuances as appropriate to allow sufficient time for the reconsideration.
- b. Forward the DSHS 14-144 and the DDDS original decision packet to the appropriate DDDS office. Attach any new medical documentation and release of information authorizations, if appropriate.
- c. Notify DDDS of the scheduled date and time of the hearing.
- d. Coordinate requested continuances from either the appellant or DDDS with the local OAH office. Continuances are often necessary in these cases to

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obtain additional medical information. It is important that the FHC keep all parties informed of the status of the case prior to the hearing.

- e. Notify the appellant if the original DDDS decision is reversed in the DDDS review process.
- f. If the original denial is affirmed in the DDDS review process, consult with the DDDS hearing supervisor who will assign someone to testify in support of the denial.

DDDS hearings contacts as of 3/98:

Spokane B Kathy Porter 509-625-5451 MS B32-13

Renton B Donald Mumford 425-277-7072 MS N17-1

Olympia B Richard King 360-586-4122 MS 45550